

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

CESAR IVAN LOPEZ LOPEZ

DEBTOR

CASE NO 13-08987-BKT

CHAPTER 13

**NOTICE OF FILING OF AMENDED CHAPTER 13 PLAN  
AND CERTIFICATE OF SERVICE**

**TO THE HONORABLE COURT:**

**NOW COMES, CESAR IVAN LOPEZ LOPEZ**, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays:

1. The debtor is hereby submitting a proposed amended Plan, dated January 9, 2014, herewith and attached to this motion.
2. This proposed amended Plan is filed to cure the objection raised by the Trustee in his unfavorable report, docket #14, dated January 3, 2014.

**WHEREFORE** debtor respectfully requests the confirmation of the requested amended Plan, dated January 9, 2014.

**I CERTIFY** that on this same date a copy of this notice was sent via electronically with the Clerk of the Court using CM/ECF systems which will send notifications of such to the Chapter 13 Trustee; and also certify that I have mailed by United States Postal Service copy of this motion to the following non CM/ECF participants: debtor, Cesar Ivan Lopez Lopez, and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 9<sup>th</sup> day of January, 2014.

/s/ Roberto Figueroa Carrasquillo  
ROBERTO FIGUEROA CARRASQUILLO  
USDC #203614  
ATTORNEY FOR PETITIONER  
PO BOX 186  
CAGUAS PR 00726  
TEL. NO. (787) 744-7699

United States Bankruptcy Court  
District of Puerto Rico

IN RE:

Case No. 3:13-bk-8987

LOPEZ LOPEZ, CESAR IVAN

Chapter 13

Debtor(s)

CHAPTER 13 PAYMENT PLAN

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee ☒ directly ☐ by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

PLAN DATED: _____ <input type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION		<input checked="" type="checkbox"/> AMENDED PLAN DATED: <u>1/09/2014</u> Filed by: <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other																																																																			
<b>I. PAYMENT PLAN SCHEDULE</b>  <table style="width:100%;"> <tr> <td style="width:15%;">\$</td> <td style="width:15%; text-align: right;">250.00</td> <td style="width:10%;">x</td> <td style="width:10%; text-align: right;">9</td> <td style="width:10%;">= \$</td> <td style="width:40%; text-align: right;">2,250.00</td> </tr> <tr> <td>\$</td> <td style="text-align: right;">400.00</td> <td>x</td> <td style="text-align: right;">24</td> <td>= \$</td> <td style="text-align: right;">9,600.00</td> </tr> <tr> <td>\$</td> <td style="text-align: right;">550.00</td> <td>x</td> <td style="text-align: right;">27</td> <td>= \$</td> <td style="text-align: right;">14,850.00</td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 10px;">TOTAL: \$ <u>26,700.00</u></p> <p>Additional Payments:                  \$ _____ to be paid as a LUMP SUM                  within _____ with proceeds to come from:</p> <p><input type="checkbox"/> Sale of Property identified as follows:                  _____                  _____</p> <p><input type="checkbox"/> Other:                  _____                  _____</p> <p>Periodic Payments to be made other than, and in                  addition to the above:                  \$ _____ x _____ = \$ _____</p> <p style="text-align: right; margin-top: 10px;">PROPOSED BASE: \$ <u>26,700.00</u></p>		\$	250.00	x	9	= \$	2,250.00	\$	400.00	x	24	= \$	9,600.00	\$	550.00	x	27	= \$	14,850.00	\$		x		= \$		\$		x		= \$		<b>II. DISBURSEMENT SCHEDULE</b>  A. ADEQUATE PROTECTION PAYMENTS OR _____ \$ _____ B. SECURED CLAIMS: <input checked="" type="checkbox"/> Debtor represents no secured claims. <input type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows: 1. <input type="checkbox"/> Trustee pays secured ARREARS: <table style="width:100%;"> <tr> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> 2. <input type="checkbox"/> Trustee pays IN FULL Secured Claims: <table style="width:100%;"> <tr> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> 3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL: <table style="width:100%;"> <tr> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> 4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder: _____ 5. <input type="checkbox"/> Other: _____ 6. <input type="checkbox"/> Debtor otherwise maintains regular payments directly to: _____ C. PRIORITIES: The Trustee shall pay priorities in accordance with the law. 11 U.S.C. § 507 and § 1322(a)(2) D. UNSECURED CLAIMS: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims. 1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: _____ <table style="width:100%;"> <tr> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> <td style="width:33%;">Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> 2. Unsecured Claims otherwise receive PRO-RATA disbursements.  OTHER PROVISIONS: (Executory contracts; payment of interest to unsecureds, etc.) * "Tax refunds will be devoted each year, as periodic payments, to the plan's funding until plan completion. The plan shall be deemed modified by such amount, without the need of further Court order. The debtor(s) shall seek court's authorization prior any use of funds." Debtor consents to the lift of stay in favor of Doral Bank since mortgage loan is being paid by debtor's ex-spouse, thus, the Trustee will not disburse funds to secured creditor Doral Bank.		Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____
\$	250.00	x	9	= \$	2,250.00																																																																
\$	400.00	x	24	= \$	9,600.00																																																																
\$	550.00	x	27	= \$	14,850.00																																																																
\$		x		= \$																																																																	
\$		x		= \$																																																																	
Cr. _____	Cr. _____	Cr. _____																																																																			
# _____	# _____	# _____																																																																			
\$ _____	\$ _____	\$ _____																																																																			
Cr. _____	Cr. _____	Cr. _____																																																																			
# _____	# _____	# _____																																																																			
\$ _____	\$ _____	\$ _____																																																																			
Cr. _____	Cr. _____	Cr. _____																																																																			
# _____	# _____	# _____																																																																			
\$ _____	\$ _____	\$ _____																																																																			
Cr. _____	Cr. _____	Cr. _____																																																																			
# _____	# _____	# _____																																																																			
\$ _____	\$ _____	\$ _____																																																																			
<b>III. ATTORNEY'S FEES</b> (Treated as § 507 Priorities)  Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ <u>2,814.00</u>		Signed: <u>/s/ CESAR IVAN LOPEZ LOPEZ</u> Debtor  _____ Joint Debtor																																																																			

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Attorney for Debtor R. Figueroa Carrasquillo Law Office

Phone: (787) 744-7699

LOPEZ LOPEZ, CESAR IVAN  
PO Box 40063  
San Juan, PR 00940-0063

Doral Financial Corp  
PO BOX 29426  
Rio Piedras, PR 00929

OPERATING PARTNERS  
PO BOX 194499  
SAN JUAN, PR 00919-4499

R. Figueroa Carrasquillo Law Office  
PO Box 186  
Caguas, PR 00726-0186

FB LEONARD & CO INC  
GE CAPITAL  
PO BOX 366220  
SAN JUAN, PR 00936-6220

Santander  
PO Box 2199  
Bayamon, PR 00960-2199

Amex  
PO Box 297871  
Fort Lauderdale, FL 33329

IRS  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

SECURITY CREDIT  
GECC  
2612 JACKSON AVE W  
OXFORD, MS 38655-5405

ASSET ACCEPTANCE LLC  
CHASE MANHATTAN BANK  
28405 VAN DYKE AVE  
WARREN, MI 48093-7132

LEONARD & ASSOCIATES PSC  
PO BOX 366220  
SAN JUAN, PR 00936-6220

BANCO POPULAR DE PR  
PO BOX 2708  
SAN JUAN, PR 00936

MAZA & GREEN  
PO BOX 364028  
SAN JUAN, PR 00936-4028

Banco Popular De Puert  
PO Box 2708  
San Juan, PR 00936

MCM  
DEPT 12421  
PO BOX 603  
OAKS, PA 19456-0603

Bank Of America  
PO Box 982235  
El Paso, TX 79998

MIDLAND CREDIT MANAGEMENT INC  
PO BOX 60578  
LOS ANGELES, CA 90060-0578

Bp-crlne  
PO Box 2708  
San Juan, PR 00936

MONARCH  
RECOVERY MANAGEMENT, INC  
PO BOX 21089  
PHILADELPHIA, PA 19114-0589

CITI CARDS  
PO BOX 183051  
COLUMBUS, OH 43218-3051

NATION WIDE  
AMERICAN EXPRESS  
PO BOX 26314  
LEHIGH VALLEY, PA 18002-6314

CMPR INC  
698 SOUTH OGDEN STREET  
BUFFALO, NY 14210-2317

NCO FINANCIAL  
300 CALLE C STE 200 REXCO IND PARK  
GUAYNABO, PR 00968-8061